



NORTH CAROLINA

*Division of Aging
and Adult Services*

2007 Annual Report



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www.ncdhhs.gov/aging

Dear Colleagues and Friends,

I am pleased to share this overview of some of the significant work that our Division of Aging and Adult Services (DAAS) undertook during this past year. You will see that our progress relied heavily on many partnerships, including our close working relationship with the Area Agencies on Aging and the County Departments of Social Services. We thank all service providers, consumer advocates, public officials, and our sister health and human service agencies for their many contributions to our efforts. Together we are making some important strides in services and supports for seniors, adults with disabilities, and family caregivers. We are also seeing increased awareness of the aging of our population and the need to accelerate our planning and preparedness at the state and local levels.

We have organized this report in terms of six overall goals that we believe are vital to assuring an optimal future for North Carolina households. These include empowering our citizens with information and choices, supporting family caregivers, protecting the interests and rights of vulnerable adults, promoting healthy aging and the active engagement of seniors, helping ready our communities and younger generations for aging, and assuring good stewardship of resources and the public's trust. For each of these areas, we have highlighted some of our efforts and achievements.

As we move forward into a new year, we are excited about the possibilities and we realize the imperative behind our work. This imperative has its roots not only in the dramatic demographic shift that is projected but also in the growing pressures facing our communities in a changing world. As we continue our work with our current partners, we must also look for new collaborative ventures. These must include examining opportunities for intergenerational collaboration in policy and program development for the benefit of multigenerational families. There is much to do, and we welcome all ideas and enthusiastic responses to building more livable and senior-friendly communities for all North Carolinians.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Streets". The signature is fluid and cursive, with the first name "Dennis" and last name "Streets" being more prominent than the middle initial "W".

Dennis W. Streets
Director

North Carolina Division of Aging and Adult Services

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Empowering Citizens with Information and Choices

Senior Community Service Employment Program

DAAS administers the Senior Community Service Employment Program (SCSEP) for various North Carolina communities. Federally funded under Title V of the Older Americans Act, SCSEP seeks to place people aged 55 and older, who are economically disadvantaged, into useful part-time community service positions until they can achieve unsubsidized employment. During the State Fiscal Year 2007, 239 older adults were employed by the SCSEP.

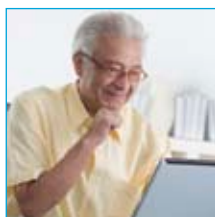
Consumer-Directed Care

In partnership with the Cabarrus County Department of Aging and the Centralina Area Agency on Aging, DAAS completed the second year of a pilot project for consumer-directed care under the Home and Community Care Block Grant (HCCBG). The project, which received positive feedback from participants, allows clients to select the services they need such as personal attendants, care advice, personal care products, home maintenance, home-delivered meals, supplemental nutrition products, emergency

response systems, and transportation. To further support consumer-directed care, DAAS received notice that it will be awarded a competitive grant from the U.S. Administration on Aging (AoA) when the funds are appropriated as part of AoA's Choices for Independence initiative. The goal of these additional funds will be to assist non-Medicaid individuals at risk of nursing home placement to remain in their homes. Participants will largely determine their care needs, choose their providers of service, direct how and when services are provided, and have a fiscal intermediary to assist in these aspects of self-directed care.

Promoting the License to Give Trust Fund

The License to Give Trust Fund Commission was established in 2004 by Session Law 2004-189 and based out of the NC Department of Administration. It works to promote organ, tissue, and eye donations. DAAS partnered with Legal Aid of NC (LANC) and the Carolinas Center for Hospice and End of Life Care to develop a statewide education and outreach program on advance directives and organ donation. Local and statewide facilitators are being trained to host events to increase awareness and encourage individuals to incorporate organ



donation into their advance health care decision-making. A special emphasis is to increase organ donations within minority communities.



DAAS, along with 14 Area Agencies on Aging, and over 50 of local partners worked with the DHHS Office of Citizen Services to start NCcareLINK. The **NCcareLINK.gov** is a web portal which provides information about programs and services across North Carolina for citizens of all ages.

Supporting Family Caregivers

Project C.A.R.E

The Alzheimer's Demonstration Program—Project C.A.R.E. (Caregiver Alternatives to Running on Empty)—received a one-year federal grant from the U.S. Administration on Aging. This represents the 7th consecutive year that DAAS has been selected to participate in the national Alzheimer's Demonstration Program. The latest federal grant supports existing program sites in ten counties while expanding Project C.A.R.E. into four additional southwestern counties (Buncombe, Haywood, Jackson, and Swain). During 2007, Project C.A.R.E. also began piloting a new respite approach in collaboration with Mission Hospitals' Dementia Responsive Care Program, in Asheville. Project C.A.R.E. provided critical respite care and support to more than 1,500 families caring for a person with dementia, with a particular emphasis on serving low-income rural and minority families.

Candlelight Reflections

In an effort to “Honor, Hope, and Remember” all family caregivers as well as persons living with Alzheimer's disease and related dementias, DAAS helped lead the second annual Candlelight Reflections that took place on November 8th across the state. Sponsored by the North Carolina Family Caregiver Support Program and the state Alzheimer's Support Network, a wide variety of organizations and community groups offered more than 80 Candlelight Reflections events to help raise public awareness and strengthen efforts to support caregivers.

“Candlelight Reflections is a beautiful and moving experience that serves many roles. It heightens public awareness of Alzheimer's disease and caregiver issues, honors and supports family caregivers and individuals with dementia, and strengthens statewide advocacy efforts.”

- Brenda Reece

*Family Caregiver Support Specialist,
High Country Area Agency on Aging*

Special Assistance In-Home Program for Adults

The Special Assistance In-Home Program (SA/IH) received approval from the NC General Assembly to expand up to 15% of the total statewide SA caseload (House Bill 1473, Session Law 2007-323). It is now a permanent statutory program rather than a special provision. There are 91 counties participating in the program with a total of 2,191 slots, as of December 2007. The SA/IH Program for Adults provides a cash

supplement to help low-income individuals who are at risk of entering an Adult Care Home and would like to remain at home. Assistance is provided with living expenses such as food, shelter, clothing, and other daily necessities. Because SA/IH recipients must qualify for Medicaid, they also have access to these benefits such as Personal Care Services.

One family caregiver, who was in school as part of her Temporary Assistance for Needy Families Program (TANF) plan, was planning to drop out in the fall because she would not be able to leave her elderly mother alone. Her classes took her away from home longer than the Medicaid Personal Care Services hours covered, and the family could not afford to pay for private care. The mother had grown close to the aide who provided her care and did not adjust well to new people. The only other possible choice appeared to be placement, until the SA/IH program became an option. After becoming eligible for SA/IH, the family was able to use the monthly SA/IH payment to pay for their mother's care and supervision. The daughter was then able to attend her fall classes. In this way, SA/IH helped not only the recipient, but also the TANF caregiver.



NC Family Caregiver Support Program
Completing the Care

The Family Caregiver Support Program (FCSP) was authorized by the Older Americans Act in 2000 to provide older adults and their caregivers with a continuum of home and community-based long-term services and supports that meet their needs and preferences for independence. To provide outcome measurements to guide the continued growth of the program, *Progress Check* (a Microsoft Access based tool that tracks systems and policy change data) was implemented in 2007. *Progress Check* complements a client-based unit tracking system already in place at DAAS through its Aging Resources Management System (ARMS). *Progress Check* links the five state FCSP goals that are based upon AoA's requirements with regional objectives and strategies. With this shared vision, grassroots needs are incorporated into the planning process.

Protecting the Interests and Rights of Vulnerable Adults

The Victims Assistance Program

The Victims Assistance Program (VAP) provides one-on-one assistance to seniors who are repeat victims of telemarketing fraud through a network of trained volunteers. The goal is to help seniors avoid being victimized again. It is a collaborative effort between DAAS and the NC Office of the Attorney General, Consumer Protection Division. Currently, the program has 105 trained volunteers in 46 counties. VAP has been featured by local radio, television, and newspapers.



"The Victims Assistance Program volunteer helped me realize what is real and what isn't when it comes to solicitations for my money. I will not fall prey to a scam again."

- 88 year old male



DAAS, in collaboration with the NC Justice Academy and other key stakeholders, developed S.A.F.E. (Strategic Alliances for Elders in Long Term Care)—a specialized curriculum for law enforcement officers who investigate crimes in long term care settings. Offered twice in 2007, more than 100 individuals gained in-depth knowledge into the complexity of criminal acts that occur in long term care. Having gained both regional and national recognition, the task force is very proud to have one of its key partners, the NC Justice Academy and its Training Coordinator, Lorraine Galloway receive the “2007 Outstanding Community Service Award” from the Southeastern Association of Area Agencies on Aging for their work with the task force.

"Taking this class was beneficial because I learned about laws that protect older adults. This enabled me to make an arrest in a case involving a resident in a long term care facility who was being exploited by a family member."

*- Officer Keith Lewis,
Newport Police Department*

Adult Protective Services (APS) Clearinghouse Model Proposed

The APS Clearinghouse Model is a new and more comprehensive system of protection for adults who are abused, neglected, or exploited or who are at substantial risk. This model changes the emphasis of APS to a multifaceted array of protective services rather than merely a problem-solving, symptom-based intervention. To test this model, DAAS has proposed a multi-county pilot that would allow potentially twice as many vulnerable and older adults to be served.

Helping Ready Our Communities and Younger Generations for Aging

2007-2011 State Aging Services Plan

LIVABLE AND SENIOR-FRIENDLY COMMUNITIES

NORTH CAROLINA

The *2007-2011 State Aging Services Plan* [www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf] was submitted to the NC General Assembly in March. The theme of the plan—*Putting the Pieces Together*—symbolizes the eight components of the Division’s Livable and Senior-Friendly Communities initiative. The Plan examines important trends and issues and sets forth 40 objectives for these components: physical and accessible environment, healthy aging, economic security, technology, safety and security, social and cultural opportunity, access and choice in services and supports, and public accountability and responsiveness.

Federal Planning Grant and Aging Planning Bulletins

DAAS is in the third year of a U.S. Administration on Aging (AoA) project to develop a model for a coordinated, comprehensive, and consistent planning process for State and Area Plans on Aging. As one of eight states selected by AoA to design a national model, North Carolina's major focus is on working with Area Agencies on Aging to strengthen local planning for aging that is citizen-driven, outcome-based, and well integrated with state and regional planning. One product of this work is the development of tools, such as *Aging Planning Bulletins* (APBs) [www.ncdhhs.gov/aging/pub.htm#PB], to aid local Aging Leadership Planning Teams. These APBs are short briefings on current "Hot Topics" in Aging and Adult Services such as walkable communities, immunizations, geriatric/adult mental health specialty teams, and family caregiving.

Post White House Conference on Aging

In April, DAAS worked with Lt. Governor Beverly Perdue, the Governor's Advisory Council on Aging, and the NC Association of Area Agencies on Aging to hold a Post-White House Conference on Aging Summit. North Carolina's delegates and alternates to the 2005 White House Conference on Aging and other key stakeholders gathered to hear from state leaders and identify implementation strategies for what the group identified as priorities from among the 40 objectives in the *2007-2011 State Aging Services Plan*. The participants focused on the following areas: senior centers, direct care workforce, family caregivers,

housing, access to services and supports, and prescription assistance. The full report is available at www.ncdhhs.gov/aging/whcoa/whcoahome.htm.

NC Conference on Aging

In September, DAAS partnered with the UNC Institute on Aging, AARP, the NC Association of Area Agencies on Aging, the NC Association on Aging, and the Governor's Advisory Council on Aging to offer the 2007 North Carolina Conference on Aging in Winston-Salem. The theme of the conference was "Today, Tomorrow, Together!" In keeping with this theme, DAAS held its first *InfoSocial* for gerontology students and other individuals interested in the state's various aging programs and services. This gave the students an opportunity to network with members of the DAAS staff and gave DAAS the opportunity to meet the next generation of aging professionals. The *InfoSocial* will become a regular feature of the annual conference.

The North Carolina Division of Aging and Adult Services Awards are presented every year at the NC Conference on Aging to individuals or organizations that make a significant difference in the quality of life for older adults in North Carolina. Three awards were initiated in 1990 to recognize individuals, organizations, programs, and communities that have made significant contributions in support of the work of the Division and its efforts to enhance the lives of older adults. The award recipients for 2007 were:

Ewald W. Busse Award

Dr. Eleanor (Ellie) McConnell, *Durham*

George L. Maddox Award

Alice Keene, *Greenville*

Ernest B. Messer Award

H.L. McCrorey Family YMCA, *Charlotte*



Assuring Good Stewardship of Resources and the Public's Trust

Capacity-Building for Adult Day Services

DAAS, in conjunction with Partners in Caregiving of Winston-Salem, took significant steps in 2007 to enhance the capacity and sustainability of adult day services programs. These steps included educational and awareness initiatives to promote adult day services as a viable option for frail older adults and their families and program development initiatives designed to strengthen the management policies and improve the quality of services across the state. In addition, following major changes to the NC Adult Day Care and Adult Day Health Services Administrative Rules, new Standards for Certification of Adult Day Care and Adult Day Health programs were written and distributed across the state. DAAS offered four regional trainings that were attended by 158 adult day care coordinators, adult day health specialists, and adult day care/day health program staff. A fifth training was incorporated as the first day of the division's three-day annual Adult Day Services Training workshop with a total attendance of 102.

Aging Resources Management System and Client Registration

DAAS substantially revised the client registration data it collects for the Home and Community Care Block Grant (HCCBG) and the Family Caregiver Support Program to aid program management, planning, and evaluation. The merger of the client data for these programs was a major undertaking. Equally significant was the web-based conversion

of the Division's Aging Resources Management System (ARMS) for use by more than 430 service providers across the state.

NC Performance Outcome Measurement Program

With grants from the U.S. Administration on Aging for the 7th consecutive year, DAAS participated in two national Performance Outcome Measurement Programs (POMP) demonstration projects. Four NC planning and service regions partnered with DAAS in one project to experiment with drafting local performance measurement plans. Plans developed by these partners concentrated on areas of local interest—a grandparents-raising grandchildren project, exercise programs, nutrition services, in-home aide services, special needs disaster shelters, and the use of GIS mapping to show the proximity of clients to service availability. In the second project, DAAS participated in a national advanced POMP research project investigating the cost savings associated with home and community-based services. The NC study took a retrospective look at former recipients of Home and Community Care Block Grant services in a two-county area (Forsyth and Surry) to determine if they terminated services because they were placed in nursing homes or assisted living facilities and to analyze client and service utilization data for evidence of cost savings associated with delayed or prevented placement. The UNC Center for Aging Research and Educational Services (CARES) is a major contributor to the POMP work.

Adult Care Home Quality Improvement Consultation Initiative

On April 2, 2007 DAAS initiated a pilot of the Quality Improvement Consultation Program (QICP) for adult and family care homes based on Session law 2005-276 [Section 10.40A (p)]. Four county departments of social services (Alamance, Buncombe, Nash and Rutherford) and 27 homes participated. The *Medication Safety* toolkit developed by DAAS, in collaboration with the Carolinas Center for Medical Excellence, is the first project being carried out in the pilot. The four county DSSs and the homes volunteered to pilot the QICP as no funding was appropriated by the General Assembly for this purpose. During the 2007 Session of the General Assembly, \$264,000 was appropriated for DAAS to extend the QICP pilot in up to 100 homes in the four counties. The QICP pilot has been extended through February 28, 2009, and now includes 52 homes. DAAS staff is providing intensive consultation and technical assistance to county DSS staff and the participating homes during the initial and extended phases of the pilot. Based on an analysis of the data collected during the first 8 months of the QICP pilot, medication errors have been reduced, and residents in these homes report improved satisfaction with the way medications are being administered.

Four months after a family care home completed the initial assessments in the Medication Safety toolkit and developed and implemented a quality improvement plan with the assistance of the QI consultant from the county DSS, a pharmacy

consultant reported a “dramatic” change in the medication orders in the six bed home. The pharmacy consultant stated the quarterly medication review usually took 3 to 4 hours to complete with multiple orders missing from residents’ records. In July 2007, the pharmacy consultant reported the review took 30 to 40 minutes with no orders missing. In October 2007, the pharmacy consultant reported the family care home next door, not one of the participating homes but with the same administrator, had implemented the identical QI plan in that building with similar results.

SFY 06-07 Community-Based Services Expenditures

DAAS continues to effectively utilize federal funding and state appropriations for the provision of community-based services for the aged and disabled. The Home and Community Care Block Grant (HCCBG) awards federal Older Americans Act and state appropriations to counties through area agencies on aging to serve adults age 60 and older. Through local planning, counties choose from 18 services to meet identified needs to assist older adults. Core services are adult day services, in-home aide, respite care, case management, information and assistance, congregate meals, home-delivered meals, and transportation. Including local match, \$55,563,977 was awarded to counties in SFY 06-07. A total of \$55,474,000, or 99.8%, of HCCBG funding was expended in communities to serve 59,177 older adults.

The State Adult Day Care Fund uses federal Social Services Block Grant and state appropriations to provide adult day care and adult day health services to adults age 18 and older because of age, disability, or handicap need the service. DAAS awarded funding to 62 counties to contract



for adult day services through their department of social services. Including local match, \$4,540,264 was awarded to these counties in SFY 06-07. A total of \$4,443,626, or 97.9%, of State Adult Day Care Fund resources was expended to serve 1,396 individuals.

The State In-home Fund uses Social Services Block Grant funding to provide in-home services to adults age 18 and older because of age, disability, or handicap need the service. This funding is awarded to all 100 counties. Including local match, counties expended 100% of the \$2,401,272 that was awarded in SFY 06-07. Services were provided to 4,672 individuals.

Promoting Healthy Aging and the Active Engagement of Seniors

Enrichment and Recognition of Senior Centers

In 2007, DAAS continued efforts to strengthen senior centers as effective community focal points for information, assistance, and civic engagement through its voluntary certification of Senior Centers of Merit and Excellence, its Ann Johnson Institute for Senior Center Management [www.ncdhhs.gov/aging/scenters/scenters.htm], and the 2007 North Carolina Senior Center Leadership Symposium. In addition, DAAS assisted the new NC Senior Center Alliance, part of the NC Association on Aging. The purpose of the DAAS certification process is to strengthen the capacity of senior centers by providing a set of measurable indicators designed to enhance the operations and programming of senior centers. For the last state fiscal year, ending June 30, 2007, there were 16 new certifications out

of a total 33 site team visits. As of December, among the existing 163 senior centers in 98 counties, 53 were Centers of Excellence and 6 were Centers of Merit. Twenty-six persons completed the Ann Johnson Institute for Senior Center Management during SFY 2006-2007, meaning that they received 90 hours of training associated with the Institute's six modules. To further enhance the leadership capacity of senior center managers who have completed the Ann Johnson Institute, DAAS developed the new NC Senior Center Leadership Symposium in partnership with the NC Senior Center Alliance. The first of these annual symposia was held in June 2007.

Senior Driver Safety and Transportation Alternatives

DAAS has been an active member of the Human Services Transportation Council (HSTC) for many years and continues to work in partnership with other state agencies to promote coordination and transportation alternatives across NC. In cooperation with other members of the HSTC, DAAS conducted a human service transportation needs assessment in October 2006. Responses from the DAAS transportation network were compiled with other DHHS surveys and will be used to guide future HSTC activities.

Recognizing that transportation alternatives are not always available, other efforts are geared toward helping to keep older drivers safe on the road for as long as possible. DAAS is an active partner in the NC Senior Driver Safety Coalition, which has become a working group on older driver safety for the NCDOT Executive Committee for Highway Safety (ECHS). Five strategies were presented by the working group in SFY 07 and approved by ECHS:

- Improve signage at non-standard interchange approaches
- Identify hazardous intersections and improve their safety
- Improve roadway and driving environment
- Increase public awareness of issues and resources
- Expand law enforcement involvement as a key partner in safety initiatives.

DAAS is the lead agency for implementing the public awareness strategy and is working with coalition partners to create a website for posting important information and resources for driver safety. Information about the work group and its strategies may be viewed at the following website: www.ncdot.org/doh/preconstruct/traffic/ECHS/groups/older.html.

Healthy Aging Roadmap and Chronic Disease Self-Management Program

DAAS, the Division of Public Health (DPH), and the Institute on Aging at UNC received federal funding to develop the “North Carolina Roadmap for Healthy Aging.” The Roadmap provides direction and concrete strategies for coordinated programming in health promotion and chronic disease self-management throughout the state. An important outcome of this increased collaboration was the award of a three-year federal grant to DAAS and DPH from the U.S. Administration on Aging to implement and sustain the evidence-based Stanford University

Chronic Disease Self-Management Program (CDSMP) to reduce the risk of disease and disability among seniors. Using the CDSMP model, DAAS is training lay leaders who can offer the program in 46 counties, targeting low-income, minority, and rural older adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes.





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